-									09/58660				
1	•	CLAIM	ILED - PART	Ī			CMAI		-	/			
	TOTAL CLAIMS			(Column 1)		(Column 2)		SMALL ENTITY TYPE			OR'	OTHER THAN SMALL ENTIT	
╢		· · ·						RAT		E	Γ	RATE	
	FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE \$32	25	OR B		EE 377
	TOTAL CHARC	SEABLE CLAIM	18	minus 20=	*		7	ſ		27	1		1
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∦[i	MULTIPLE DEPENDENT CLAIM PE			RESENT		·	$\dashv$	X43	-		OR	X86=	
]_						با	]	+145	<u> </u>		OR .	+290=	
	ii trie dilieren	ce in column 1	is less	than zero, enter	"0" in	column 2		TOTA				FOTAL	_
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Ž:	Independent	*	Minus	**		= .		Х\$9°= .		OR	X\$	18=	
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lf th	e entry in column	1 is less than the	entry lo	olumn O wall - #08 t			] +]	45=		OR	t <del>3</del> 7(	5=	
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TO THE PETERMINATION RECORD